

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09887529

FILING DATE

6/25/01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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10						
11						
12						
13						
14						
15						
16						
17	1					
18		1				
19						
20		1				
21						
22						
23		1				
24		1				
25		1				
26	1					
27	1					
28		1				
29		1				
30						
31						
32						
33						
34	2					
35						
36						
37						
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	8					
TOTAL CLAIMS	10					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS